

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2014
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/10/2014 | |
| NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH CARE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 34 S MAIN ST CLOVERDALE, IN 46120 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure survey. This visit included the Investigation of Complaint IN00149770.</p> <p>Complaint IN00149770 -Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Dates: June 5-6, 9-10, 2014</p> <p>Facility Number: 000415 Provider Number: 155587 AIM Number: 100291250</p> <p>Survey Team: Laura Brashear, RN, TC Mary Weyls, RN Lora Brettnacher, RN, June 6, 9-10, 2014 Kewanna Gordon, RN Megan Burgess, RN Vicki Nearhoof, RN June 9-10, 2014 Ashley Barnett, RN June 9-10, 2014</p> <p>Census Bed Type: SNF/NF: 35 Total: 35</p> <p>Census Payor Type: Medicare: 2 Medicaid: 27 Other: 6 Total: 35</p> <p>Summerfield Health Care was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Recertification and State Licensure Survey and the Investigation of</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | Continued From page 1 Complaint IN00149770. Quality Review 06/12/14 by Lisa McColly | F 000 | | | |